

UNITED STATES PATENT & TRADEMARK OFFICE
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REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>7/28/00</u>		2 Serial/Patent # <u>09/411821</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input checked="" type="checkbox"/>	Filing			\$ <u>500.00</u>
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7 TOTAL AMOUNT OF REFUND			\$	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input checked="" type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/> Credit Deposit A/C #:		
	Duplicate Payment	9 015--0115		
	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Denise H.</u>			TITLE: <u>Patent Examiner</u>	
SIGNATURE: <u>Denise H.</u>			PHONE: <u>308-9484</u>	
OFFICE: <u>O IPE</u>				
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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